

## ***DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH, AND THEIR FAMILIES***

### **Mission**

The mission of the Department of Services for Children, Youth and Their Families (DSCYF) is to provide leadership and advocacy for Delaware's children. The Department's primary responsibility is to provide and manage a range of services for children who have experienced abandonment, abuse, adjudication, mental illness, neglect, or substance abuse. We endorse a holistic approach to enable children to reach their fullest potential.

### **Vision**

***Think of the Child First!***

Our vision is ***THINK OF THE CHILD FIRST!*** We want every child to be safe and have stability, self-esteem, and a sense of hope. The Delaware Children's Department will lead a system of care (both community-based and residential) that is child centered and assures effective, timely, and appropriate support for Delaware's children. We will achieve our mission when families, staff, community partners, and other stakeholders think of the child first. Our activities include prevention, early intervention, assessment, treatment, permanency, and aftercare. The Department will offer desirable career opportunities, attracting and retaining proud and talented employees who are motivated to think of the child first in all that they do.

### **Background and Accomplishments**

The Department was created 21 years ago to combine within one agency child protective and mental health services that had been located in the Department of Health and Social Services; juvenile probation services that had been located in Family Court; and juvenile detention center and the Ferris School for Boys that had been located in the Department of Correction.

These services were combined in a single agency to:

- Avoid fragmentation and duplication of services, while increasing accountability for delivery and administration of these services
- Plan, develop and administer a comprehensive and unified service delivery system to abused, neglected, dependent, delinquent and mentally ill or emotionally disturbed children and youth within a continuum of care, which shall include the involvement of their family, within the least restrictive environment possible
- Emphasize preventive services to children, youth and their families in order to avoid costs to the State of individual instability

The core services of the Department include:

- Child Protective Services (Delaware Code: Title 29, Chapter 90)

Child protective services include: investigation of alleged abuse, neglect, or dependency; out-of-home placement as necessary; in-home treatment; and adoption. The desired goals of child protective services include a reduction of reabuse, timely reunification with family when appropriate, timely achievement of permanency either through adoption, guardianship, or long-term foster care, and child and family well-being.

- Juvenile Justice Services (Delaware Code: Title 29, Chapter 90)

Juvenile justice services include: detention, institutional care, probation, and aftercare services consistent with adjudication. The desired goal of juvenile justice services is a reduction of subsequent rearrests/offenses (recidivism rates).

- Child Mental/Behavioral Health Services (Delaware Code: Title 29, Chapter 90)

Child mental/behavioral health services include: crisis services; outpatient treatment; day treatment; residential mental health, drug, and alcohol treatment. DSCYF strives to provide accessible, effective mental health/behavioral services for children in collaboration with families and service partners. The desired goals of these services include enabling children and caregivers to address and/or overcome presenting issues and achieving the most appropriate level of functioning and behavioral adjustment in the least restrictive, most appropriate environment possible.

- Prevention and Early Intervention Services (Delaware Code: Title 29, Chapter 90)

Prevention and early intervention services include: training, public education, and contracted services aimed at preventing child abuse, neglect, dependency, juvenile delinquency, and drug and alcohol abuse among children and youth. Programs to link families with community resources to help reduce the risk of abuse and neglect are provided with funds authorized through the Safe and Stable Families Act. The desired goals of these services include prevention of service entry or service reentry in one or more of the above three core services.

- Child Care Licensing (Delaware Code: Title 31, Chapter 3 and Title 11, Chapter 85)

Child care licensing services include:

- Licensing of all child care facilities where regular child care services are provided by adults unrelated to the child and for which the adults are compensated.
- Criminal history and/or Child Protection Registry checks for all DSCYF employees, foster care parents, adoptive parents, employees of DSCYF contracted client services, licensed child care providers, licensed child care provider employees, licensed child care provider household members, and health care and public school employees with direct access to children or vulnerable adults.

The desired goals of these services include: quality child care: child care facilities that meet Delaware Standards; and the protection of children in child care, residential, health care, or educational facilities from harmful acts of adults with criminal and/or child abuse histories.

The Department has made significant progress in overcoming challenges to providing integrated and holistic services during the past four years. DSCYF has:

- Implemented recommendations of Governor Minner's Foster Care Reform Task Force to include establishment of graduated levels of foster care
- Re-engineered juvenile services to include programs such as the House of Joseph 3, state operated Level 4 programs in Grace and Snowden cottages, and increased alternatives to detention
- Reduced the percentage of children who return to service within 12 months of case closure by 15.6%
- Reduced the percentage of children in out-of-home care by 19.7%
- Made the shift away from residential care with a 17% increase in community-based expenditures in DYRS and DCMHS
- Provided permanent homes for nearly 400 children through adoption
- Made significant strides in its money management, including effectively tackling a deficit that had reached \$9.7 million

### **Environmental Scan**

While the Department has tackled many challenges over the past four years, it is important to acknowledge and address environmental challenges (both internal and external) that DSCYF must continue to address.

### **Internal Scan**

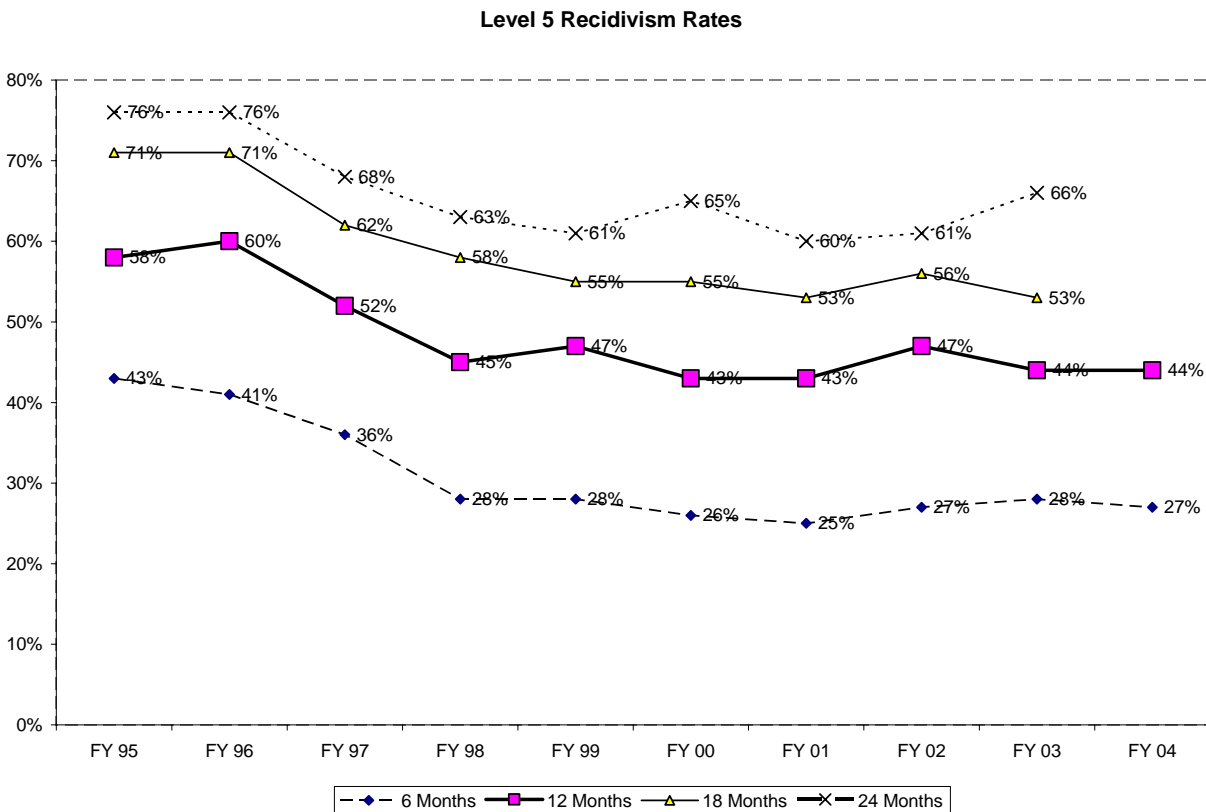
- Strengths of DSCYF's services include:
  - Committed, competent, and caring staff
  - Key stakeholder support and trust in our management of the core services and resources
  - Participatory management and multi-functional team approaches
  - Evolving service delivery system that provides better results for children and youth
  - Information technology support for our service operations
- Challenges of DSCYF's services include:
  - Acquiring sufficient level behavioral/mental health and substance abuse services for children and youth in juvenile justice and child protective services

- Supplementing education services to include more vocational education programming
- Increasing transitional services for youth returning to the community from residential programs
- Insuring that children in our care get the services they need even in the face of too much categorical funding
- Converting casual/seasonal employees to full-time staff to meet the Department's full time obligations
- Replacing an aging client information system (FACTS) based on old technology that makes planning and monitoring holistic service delivery and tracking of individual, programmatic, and Department outcomes difficult

### **External Scan**

- Opportunities to improve DSCYF's services include:
  - Administration and legislative support to meet the needs of Delaware's children and youth
  - Developing and encouraging broader recognition by stakeholders for increased community-based resources to support the maintenance of children and youth in the community
  - Availability of more skill-based training for staff and key stakeholders in the provider, legal, and law enforcement communities
  - Research-based evidence of effective behavioral, treatment, and vocational programs that have been shown to reduce recidivism
- Threats to DSCYF's services include:
  - Between 70% to 80% of offenders struggle with behavioral/mental health and addiction issues compared to 10% to 20% in the general population
  - Eleven percent of children ages 9-17 nationally have a diagnosable mental or addiction disorder with five percent of these having extreme functional impairment
  - Over 40% of children in child welfare have diagnosable mental health conditions and an additional 20% experience developmental delays
  - The incidence of learning disabilities among juvenile offenders in residential programs is estimated between 30% and 50% compared to 10% to 15% in the general public school populations. Our data show that 40% to 50% of students in YRS secure care facilities on any given day have special needs.

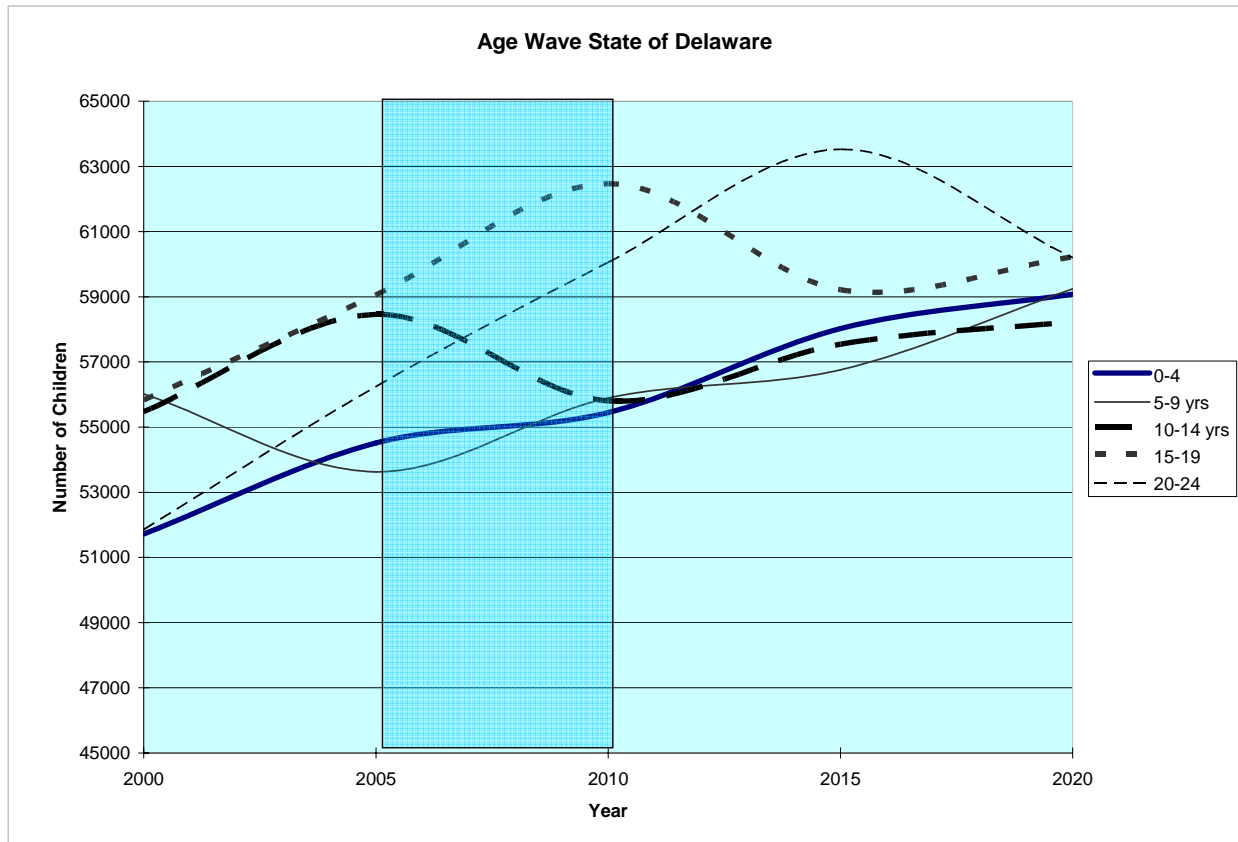
- Near-term (12 month) and longer term recidivism rates for juveniles released from secure care facilities (Level 5) that range from about 45% at 12 months to 65% at 24 months



1994-2004 Juvenile Level III, IV, & V Recidivism Study, Statistical Analysis Center (May 2005)

- A 2003 Youth Risk Behavior Survey conducted by the State of Delaware indicated that 16% of high school students in Delaware reported carrying a weapon such as a gun, knife, or club on school property within the previous 30 days. Almost 30% of high school students reported that they had been threatened or injured with a weapon such as gun, knife, or club on school property at least once during the previous 12 months.
- Unemployed offenders are 3 times more likely to reoffend than employed offenders
- A gradual increase in the total number of children and youth served in core services for which corresponding increases in base budget allocations have not kept pace

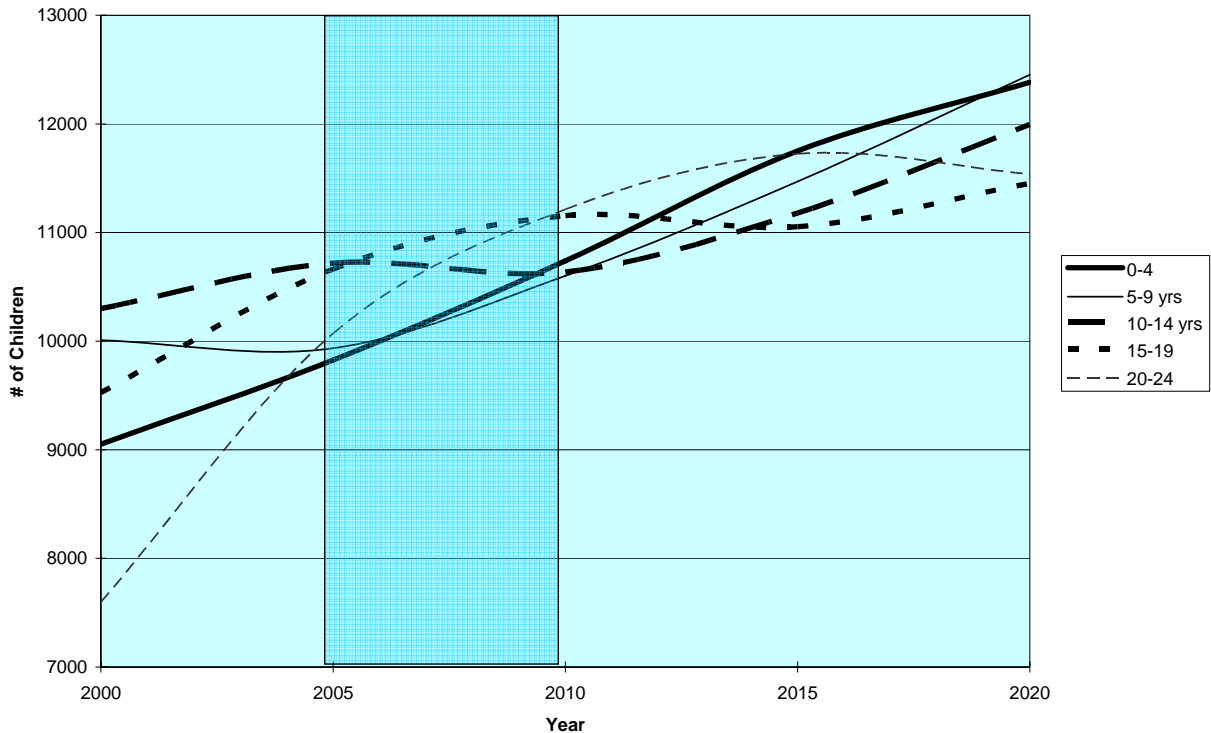
- Population projections indicate marked increases in teen and young adult populations across all of Delaware. In 2003, youth age 13-17 comprised 46% of DSCYF's service population. Today youth age 13-17 comprise nearly 50% of our service population.



Delaware Population Consortium Annual Population Projections, September 29, 2004

- The growing 15 to 19 and 20 to 24 populations require effective services to prevent and mitigate longer-term social and public costs to the state
- Potential increases in pressure on core services from the 26% of low-income families where parents have only part-time or part-year employment who are impacted by increased energy and transportation costs
- Long-term structural budget deficits in specific program and supply areas
- Increases in fuel costs and other oil-related expenses

### Age Wave Sussex County



Delaware Population Consortium Annual Population Projections, September 29, 2004

### Strategic Service Priorities

One of Governor Minner's first actions in her first term was to create the Foster Care Reform Task Force that prepared the recommendations that have driven foster care reform in Delaware for the past four years. The primary elements in foster care reform have included:

- Establishing graduated levels of foster care (with commensurate increases in training requirements and foster care payments) for handling children with behavioral health issues
- Establishing regional clusters of foster care families for networking and mutual support
- Instituting therapeutic foster care homes for children with significant behavioral/mental health needs
- Contracted in-home consultants to assist families experiencing difficulties managing a child in their foster care
- Behavioral health screenings for all children ages 4 through 17 entering foster care to identify mental health issues up front so that children can be placed with families who are most likely to be able to meet their needs

Further work is required to complete foster care reform including completing implementation of foster care service levels, providing behavioral/mental health services to children in foster care, expanding services to assist foster parents in meeting the challenges of caring for children with behavioral issues, and continued recruitment and training of foster families.

The Department is seeking to undertake a reform process in its juvenile justice, behavioral/mental health, and substance abuse services comparable to the foster care initiatives.

Delaware is not realizing a satisfactory return on its investments in juvenile justice programs either in terms of rehabilitation or public safety. The cost of six-month's residential treatment exceeds \$60,000 per juvenile. The high rate of recidivism adds not only the cost of further incarceration, but added costs associated with public safety, police, court involvement, and victim costs/losses.

We now know more about what works in rehabilitating juveniles, and what are the most cost beneficial approaches to doing this work. Examples include:

- An innovative home-based counseling program in Milwaukee, Wisconsin has lowered the arrest rates of delinquent teen participants by 70 percent. The program has also reduced the number of youth in residential treatment saving significant expenditures in treatment costs.
- A small juvenile residential program in Florida using intensive behavior management and ongoing follow-up -- rather than locked cells or transfers to adult court -- to quell the criminal careers of violent and chronic juvenile offenders. Over the past four years this program has enabled 85 percent of participants to avoid re-arrest, compared to a 58 percent success rate in the state's more conventional juvenile secure care facilities.
- In Orange County, California, juvenile probation workers have developed methods to identify at first arrest youth who are most likely to become chronic offenders. By enrolling extreme-risk youth in intensive treatment and family counseling, the County lowered future incarceration rates among these youth and reduced the number with two or more subsequent arrests by 29 percent.

Quality juvenile justice intervention programs – not transfer to adult courts and correctional systems, or misdirected juvenile programs – reduce delinquency, ease overcrowding in juvenile detention and residential facilities, divert delinquent youth from criminal careers, and reduce reliance on expensive "residential treatment" programs for disturbed and delinquent teens. Most importantly, these programs make communities safer and save taxpayer dollars.

Successful programs and best practices are more cost-effective than many of today's common practices. We must overcome the public skepticism about methods for reducing the criminality of troubled youths and start putting knowledge of what works into widespread practice.

The strategies involved in transforming juvenile justice services to increase the return on investment include increased behavioral health assessments; increased substance abuse and mental health intensive outpatient services; increased transition back to the community services; supports and staff; and a greater emphasis on vocational education that will increase the employability of juveniles returning to the community.



**Table 1: Service Strategies  
and Associated Performance Measures\***

<b>Service Strategies</b>	<b>Associated Performance Measures</b>
Expand Community-Based Substance Abuse Intensive Outpatient (IOP) Treatment	<ul style="list-style-type: none"> <li>• Increase the percent of contracted child mental health community-based service expenditures</li> <li>• Reduce the percent of children in out-of-home care</li> <li>• Increase employee satisfaction</li> </ul>
Substance Abuse Assessments	<ul style="list-style-type: none"> <li>• Increase the percent of child mental health community-based services</li> </ul>
Improve YRS transition services for juveniles returning to the community from juvenile justice residential programs	<ul style="list-style-type: none"> <li>• Reduce the percent of children who return to service within 12 months of case closure</li> <li>• Reduce the percent of children in out-of-home care</li> </ul>
Continue System of Care (SOC) Planning & Consultation	<ul style="list-style-type: none"> <li>• Reduce the percent of children who return to service within 12 months of case closure</li> <li>• Reduce the percent of children in out-of-home care</li> </ul>

\* The objective statements for the associated performance measures are listed on page 13.

\*\* The YRS transition services is a strategy for which the Department will continue to advocate during the FY-07 budget cycle.

To reiterate -- there are compelling reasons to reform the juvenile services delivery system, to strengthen child mental health services in support of that effort, and continue support of the Department's work in foster care reform. These undertakings need to be long-term, multi-faceted, and implemented over several fiscal year cycles.

- The current service delivery system can be improved to get a better "return on investment" of the public dollars it uses to operate the system.
- Juvenile services can and should produce greater public safety.
- We know that there are significant human and financial advantages to preventing youth from entering and re-entering the juvenile justice system.

## **Strategic Infrastructure Priorities**

The Department's responsibility for healing the States' children and families broken by child abuse, neglect, abandonment; juvenile delinquency; and child mental health and substance abuse issues is labor intensive. The work force includes those who touch families directly – our frontline staff – and a cadre of staff who work behind the scenes to enable frontline staff to perform more effectively. Our work force requires a sound and solid infrastructure in order to deliver effective services to Delaware's children.

The infrastructure requirements described below cannot be resolved in one year. Our goal is to address these issues over the next four year period.

Most significant, with regard to these infrastructure issues are the following:

- Replacement of FACTS with the next generation client information system. The current Family and Child Tracking System (FACTS) was developed over a decade ago using then current hardware and software to manage front-line workers work flow in each division. With the need to better integrate services and to provide uniform processes, DSCYF has embarked on establishing the requirements for a client information system incorporating current technology and software capabilities that will include performance monitoring, report generation, and integration of service delivery with fiscal processes and management. The Department is preparing the requirements for a system development and implementation RFP to be released for bid in FY-07 covering FY-07 through FY-10.
- The need to convert casual/seasonal positions to full-time. Currently, the department employs about 150 individuals as casual/seasonal staff. Some of these casual/seasonal staff members work short term providing support during full-time staff vacations, assist with spikes in caseloads, or on limited-term projects. On the other hand, there are full-time needs of the department that are handled by staff with casual/seasonal designations. These needs include maintenance of our medical records, youth rehabilitative counseling support, computer help-desk support – all essential, full-time functions being staffed with individuals paid as casual/seasonal staff.

The Department has seen growth over the past several years in both dollars and FTEs in the direct-service divisions. However, there has not been commensurate growth in the staff in the Division of Management Support Services. The result has been that several of the units within the Division have experienced an undo burden in meeting the support needs of the operating divisions.

- Additional staff to meet workload requirements. The following are factors that have lead to increased workloads:
  - Heavy caseloads/workloads for our Juvenile Probation Officers hamper transition planning and case monitoring work with juveniles returning to the community which in turn has a negative effect on recidivism and return to service rates.

- Additional staff will be required to enable DCMHS to serve the growing numbers of children in child welfare and juvenile justice who require mental health or substance abuse services.
- The growing complexity of family issues being addressed by staff in the Division of Family Services where the division is required by Code to serve the entire family and by federal standards to address well-being to include education and health related issues.
- These issues, coupled with increasing expectations imposed by the Family Court, require serious reconsideration of the caseload standards currently in place for our Divisions.

Historically, staffing needs have been defined in terms of caseload, thus using staff to case ratios as the measure of staffing needs. Increasingly, however, it is being recognized that the mere number of cases is not always an adequate measure of workload in light of the fact that effectively working with a case includes working with families, community agencies, public school staff, and other community support network individuals—both faith-based institutions and neighborhood residents . This holistic approach is recognized as a best practice in coordinating services for abused, neglected, delinquent, and children and youth with behavioral health and substance abuse issues. As the Department implements this best practice approach in working with the child and their family, additional staffing will be required.

- Filling service gaps and increasing service capacity. The Department has several opportunities to serve youth in more appropriate settings and there are negative consequences for doing nothing. One example of serving youth in more appropriate settings is to provide more alternatives to detention. Without improved transition programs back to the community with an appropriate level of supervision for juveniles being discharged from juvenile justice residential programs, we are undermining our investments in residential programs for delinquents. In addition, outpatient behavioral/mental health services and other wrap-around or community services are needed to support the return of these youth to their communities. Experience and data show that most delinquent juveniles do not go to college. Increased vocational education programs are needed in DSCYF educational programs to make these youth employable so they can earn a living and support themselves. Employment will help them break the cycle of criminal activity by making them less likely to re-offend.
- Loss of Federal Funds. The Department has experienced a decline in federal funds over the past several years. This decline includes the ending of the funds that have supported the Families and Community Together (F.A.C.T.) program for the past six years and decreases in Title IV-E cost recovery (mostly due to a reduction in SACWIS funding for FACTS and to a lesser degree to dated 1996 eligibility standards that have not kept up with inflation). Over time, as the Department's revenue base was expanded, obligations

on the federal funds were also increased and became part of our base budget. Therefore, reductions in these revenues sources must be replaced with General Funds in order to prevent reductions in service.

**Table 2: Infrastructure Strategies  
and Associated Performance Measures\***

<b>Infrastructure Strategies</b>	<b>Associated Performance Measures</b>
Casual Seasonal Conversions in CMHS, DFS, and DMSS	<ul style="list-style-type: none"> <li>• Increase employee satisfaction</li> </ul>
Add a Stevenson House Psychologist	<ul style="list-style-type: none"> <li>• Increase the percent of eligible youth with Integrated Service Plans (ISPs)</li> </ul>
Add Youth Rehabilitation Counselors (YRCs) at the Terry Center	<ul style="list-style-type: none"> <li>• Increase employee satisfaction</li> </ul>
AFCARS Improvement Plan	<ul style="list-style-type: none"> <li>• Complete improvement plan</li> </ul>
Replace Aging MIS Equipment	<ul style="list-style-type: none"> <li>• Complete equipment replacement</li> </ul>
Add Dental Services at Stevenson House	<ul style="list-style-type: none"> <li>• Dental services in place</li> </ul>
Add Staff for a Stevenson House Transportation Unit	<ul style="list-style-type: none"> <li>• Increase employee satisfaction</li> </ul>

\* The objective statements for the associated performance measures are listed on page 13.

### **Summary of DSCYF Key Objectives**

The service and infrastructure strategies listed above in Table 1 and Table 2 address issues which DSCYF front-line workers and supervisors have identified time and time again as critical to their work satisfaction:

- Having the services children and youth require
- Having an infrastructure to support provision of services to children and youth in terms of staff, information system, and facilities

In combination, the DSCYF's FY-07 strategic initiatives support actions that impact the three primary outcomes of Department operations:

1. Percent of children and youth returning to DSCYF services
2. Percent of children and youth in out-of-home care
3. Employee satisfaction rate

DSCYF's key strategic objectives are:

- Reduce the percent of children and youth who return to service within 12 months of case closure from 30% in the 4<sup>th</sup> quarter of FY-05 to 26% in the 4<sup>th</sup> Quarter of FY-07
- Reduce the percent of children and youth in out-of-home care from 15.6% in the 4<sup>th</sup> Quarter of FY-05 to 12% in the 4<sup>th</sup> Quarter of FY-07
- Increase the percent of employees reporting job satisfaction on the annual DSCYF Employee Satisfaction Survey from 68% in FY-05 to 75% in FY-07
- Increase the percent of children and youth who are open in two or more services (child protective, juvenile justice, and child mental health) who have Integrated Service Plans (ISPs) from 46% at the end of FY-05 to 100% by the end of FY-07
- Increase the percent of contracted juvenile justice and child mental health community-based service expenditures of total contracted juvenile justice and child mental health community-based and residential service expenditures from 45% in the 4<sup>th</sup> quarter of FY-05 to 52% in the 4<sup>th</sup> Quarter of FY-07
- FACTS II is developed and in place by FY 2010
- Complete implementation of the recommendations of the DSCYF Space Study by FY 2010
- Transform the DSCYF juvenile justice service delivery system by FY 2010